

**District IV Citizen Review Panel Meeting
Central District Health
707 N. Armstrong Place, Boise, Idaho
Tuesday, January 7, 2020 ~ 4:00 PM – 6:00 PM**

Panel Members Present: Brian McCauley, Kym Nilsen, Teri Murrison, Darcie Bobrowski, Melissa Mezo, Shannon McCarthy, Nicole Noltensmeyer arrived at 4:42pm

Staff: Alexis Pickering, Courtney Boyce, Laura Smith, and Russ Duke (Central District Health), Misty Myatt (Idaho Department of Health and Welfare (IDHW))

Citizen Review Panel Meeting Call to Order

Brian McCauley, Panel Chair, called to order the District IV Citizen Review Panel meeting at 4:00 PM. With a quorum, the meeting was called to order. Shannon and Melissa arrived one minute after starting.

Consent Agenda for January 7th, 2020

Motion: Brian moved to amend the agenda to Teri facilitating the discussion on touring the FACES facility and to omit the Case Review with Roxanne Printz. Teri and Misty seconded. All in favor, motion carried.

Motion: Brian moved and Kym seconded to confirm the minutes. All in favor, motion carried.

Tour of FACES Facility Discussion

Teri discussed how the Idaho Women in Leadership program participated in a tour of FACES. The prosecutor's office is involved with FACES, and funded by federal grants and by Ada County. Teri provided description of services, indicating the facility assisted in abused women and children as a violence intervention. Teri continued to discuss the services including legal assistance from prosecuting attorneys, and detectives; medical treatment from doctors, and nurses; and behavioral health/support services from advocates and crisis counseling. Services include assistance with no contact orders, and psychological and medical assessments, and forensic exams. Melissa, Shannon, and Misty contributed to the discussion, to identify previous participation in the tour, comparison to the Nampa Justice Center and clarification of children cases at the facility. Misty stated that most of all children transition into FACES, although it depends on case circumstances, such as in cases of allegations of sexual abuse, sexual assault, and medical neglect. FACES staff would typically see children within 24 hours.

Teri discussed a possible recommendation from the panel could be increased funding for FACES. Misty identified that FACES is a multidisciplinary team approach to provide interventions to victims, within same building. Misty also clarified that FACES conducts certified forensic interviews, a different form of evaluation/assessments from what IDHW provides. Russ stated that Dr. Burton and Dr. Cox are connected with IDHW and FACES, to assist with investigation and assessment of victims. Misty and Melissa continued the discussion addressing that FACES provides referrals to ongoing services to triage case services, and assist with social services to establish safe housing such as a hotel voucher. Shannon stated that FACES also assist with clothing vouchers, transportation, and cell phones. Misty stated that CARES assessments from FACES should be labeled as a physical, and available in e-cabinet. CARES assessment includes medical, interview, mental health screening, comprehensive recommendations for support services. Diagnosis and immediate intervention services are provided at FACES. Additional

recommendations for treatment services from the assessments are not always in-house such as on-going behavioral health counseling.

Brian and Teri reflected on value of the tour from a foster care reform perspective, as the panel could have the case reviews come to life and understand what services are being offered out in the community. There was not a formal motion regarding the tour of the FACES facility, as Melissa Mezo will follow up with contacts Molly and Gene Fisher at FACES, within the next week or so, to offer times and dates to the panel. It is not allowed for guests to tour the children's side of the facility, so additional information will be requested on the CARES assessments and children's services.

Expectations for Legislative 2020 Session

Russ Duke opened up this agenda item, by thanking the CRP for their participation. Russ discussed his history of working with FACES and their ties with foster care system. Prior to FACES, children were taken to hospital emergency rooms and police stations for evaluations, but FACES now staffs and funds those interventional services. Russ stated that FACES is able to assist children from other counties and other communities, and reiterated its value as an asset.

Russ discussed the Legislative Oversight Committee from December 2nd, 2019 and how District IVs recommendations were placed within the recommendations of other public health districts' CRPs. Russ added that the direction of District IV was a lot more clear than the general recommendations from other groups. Russ followed up that while there was representation from District IV to address the specific recommendations, the report to the Committee was combined regardless of intention to keep the reports separate. Russ stated he was interested in knowing what he is able to do as a district director to assist the CRP. He discussed talking with legislators, the development of policy, or the coordination of Central District Health's Board of Health to the CRP's efforts. Discussed the different members of the Board of Health, and utilizing their influence. Russ stated that if one of the CRP members would like to present to BOH, he could add that to the agenda, possibly in March or April.

Brian discussed collaborative ways of sharing solutions with legislative bodies. Teri followed stating that it would be beneficial to leveraging the Board of Health's influence with the recommendations of the CRP to legislative body. Darcie discussed continuing momentum of CRP. Teri mentioned 'State of the State' by the governor and that there may be a million dollars to train teachers in trauma-informed care (TIC) assessments, which could open the door to continue to advocate for trauma-informed care. Melissa discussed she could advocate for TRHS to volunteer staff to present on adverse childhood experiences (ACES), and different components of trauma-informed care. Melissa addressed that TRHS is providing trauma-informed care training to medical and dental providers, and this training could be utilized for this purpose as well. Alexis discussed how she presented the legislative oversight committee report from CRP to the Board of Health meeting, and there was significant interest, followed up with questions from board members. Brian addressed missing components of prevention, in addition to introducing and facilitating trauma-informed care. Brian addressed governor's recommendations, and the need to resurge funding streams. Russ addressed services offered within CDH that identify prevention, and the need to advocate for increasing funding, which may reduce foster care placements.

CDH does receive federal funding for Parents as Teachers, in addition to state funding. The governor recommendations were to reduce funding by \$600,000 of CDH's budget request. CDH can request additional funding; however, Russ identified the importance of evidence-based recommendations behind the budget request. This would include how trauma-informed care influences access to institutions, the outcomes of TIC implementation and further justification of future cost-savings when addressing ACES.

Research is needed to identify programs and the impact of trauma-informed initiatives. Due to CDH's current funding source, fifty families receive services. Melissa discussed how other agencies receive reimbursement through insurance companies or Optum to provide services. Russ stated at this time, CDH is not able to bill but is hopeful for initiatives to change that.

Building Case for Trauma-Informed Care

Brian discussed that CRP is a new player to foster care reform, and how long-term advancement requires statistics, innovation and a concrete plan to present to the legislative body. Addressed the importance how the CRP needs to build a case to advocate for trauma-informed care to 'sell' to other legislative bodies, and specifically identify what aspects of trauma-informed care does the panel want to promote. Alexis discussed the need of model language, identifying the coordination of other state's efforts by analyzing the policy and programs of other states. Alexis reiterated the benefit of identifying what component of trauma-informed care this panel should focus on. Teri discussed the benefits of developing a strategic plan in order to map out the panel's goals. Melissa discussed benefit of training on trauma-informed care, in order to focus efforts.

Russ addressed efforts of St. Luke's and the Learning Collaborative to train providers, increase training opportunities, and provide appropriate recommendations within pedestrians. Russ mentioned a few pediatricians that may be appropriate resources as well to collaborate or to present. Russ stated the importance of tapping into pre-existing resources and research within the Treasure Valley. Alexis discussed leveraging additional stakeholders and researching legislation from other states. The conversation rounded back to a trauma-informed care education event that would identify local resources, and programs in other states. This process would include coordination with other stakeholders, and logistical support. It was proposed this could be facilitated in April, May, or June of this year.

Statutory Accountability of IDHW to Laws

Darcie discussed standardized language of reports. Brian requested Misty speak on behalf of IDHW, regarding accountability. Brian presented a brief, hypothetical scenario where he was interested in the next steps of addressing the problem, in a situation where a caseworker acted in a way that was not in the best interest of the foster child. Misty stated in this scenario, that it depends on the circumstance, but if it is against their ethical code of conduct and license, the IDHW have a responsibility to report that caseworker to the bureau of licensure if they are working outside their license. Ultimately, the judge is responsible for the court's recommendations on their report.

Darcie and Brian reiterated the need to work within all districts, to adopt standardized language, and create a clear, concise case plan for parents. Misty addressed formal problem-resolution through IDHW, where a team of outside representation from different regions that would review all the documentation regarding the case and make recommendations. Darcie inquired about the statistics of the complaint process, as that process would occur at a state level. Misty will follow up with that.

Brian, Darcie, and Nicole discussed their experiences as foster parents. They worked with a system where there appeared to be minimal accountability of support staff, and few avenues for recourse for foster parents. They were not notified if staff that were reported for ethically questionable activities were investigated and/or reprimanded.

Brian inquired about circumstances such as when there is a direct violation of the law, and the ethics of the social worker are called into question. He wanted to know formal process of addressing the actions of the social worker(s) that require intervention, especially in cases where it may further perpetrate trauma. Brian emphasized that he was not advocating for punishment per se, but to set a precedent where trust is established in order to maintain a framework for protecting children and upholding laws. Misty addressed administrative leave from social workers, and stated that the public has the ability to lobby complaints against a license, and the bureau of licensure does the investigation not the department. Shannon inquired about process of report sharing to foster care parents, based on Darcie's case, which occurred in another county.

Brian discussed the value of contacting foster families in order to hear these stories, as foster families may fear retribution from IDHW. Brian advocated for foster care families to have a recourse and a formal framework to increase accountability from IDHW. Melissa inquired about the number of complaints to IDHW, and assessing the outcomes of complaints, and what is within the scope of the CRP to provide recommendations regarding these procedures.

Nicole discussed personal responsibility on behalf of the employees, and placing a fine. CRPs in other states are used a resource, not arbitration, but advocating for foster family recruitment. The panel discussed framework for accountability within law that specified emergency removal. Teri addressed red tape reduction act and to makes sure that particular rule is being maintained, and to reference the Division of Financial Management. Governor extended them however; the legislature has to approve and review all of them, and create recommendations based on those changes.

Melissa discussed presenting to legislature a solid plan for implementing trauma-informed care, and a viable plan for enforcing the law as it pertains to foster care. Melissa stated she would assist with FACES tour outside of formal meeting hours, and would request FACES to identify their limitations and needs in order to facilitate a comprehensive tour for this panel. Panel discussed building daylong trauma-informed care training, developing recommendations after FACES tour, integrating other state policies and programs into recommendations and identifying how they enforce laws. Melissa will follow up on trauma informed care curriculum and ACES resources. Brian addressed essentials of trauma-informed care curriculum and its implementation within the foster care system. Darcie, Brian, and Melissa discussed a 45-minute curriculum presentation with 15 minutes of Q & A. The tentative February agenda will also include a state-by-state review of foster care/child welfare policies, procedures, programs, funding sources, and framework for enforcement by Courtney.

Case Reviews Moving Forward

Brian discussed the statutory obligation to review cases, and recommended each panel member taking on two cases within the next month. Brian emphasized wanting to utilize real-world experience within the framework of recommendations with data entry requests include CRP, paperwork added in chronological order and still needing the snapshot coversheet. Nicole will develop cheat sheet while reviewing cases for notes. Darcie, Nicole, Brian, Teri, Shannon and Melissa discussed criteria for this month's case review with Misty. The panel concluded with 14 cases, open between 6 to 18 months. Nicole stated she will develop a synthesized version of the snapshot for panel members to use while reviewing cases.

"The Violin" Presentation

Kym read an excerpt from 'Streams in the Desert,' a meaningful passage to her and her family. Kym shared the story of a professional violinist who when walking out onto the stage and greeting the

audience, realized that his famous and valuable violin had been stolen. A secondhand instrument was in its place. The violinist told the audience that the music is not within the instrument, but in the soul of the player. The story concluded by saying it is everyone's mission to walk out on the stage of the world and reveal that music is in our souls, and not in the conditions. Kym connected this story with our general humanity, and provided a reflection of the work of the CRP within the story.

Statewide CRP Leadership Call Update

Darcie addressed quarterly calls, and identified there were not any statewide CRP leadership calls for around 6 months. Darcie indicated that two months after request to have a call together, this last one was facilitated. Darcie stated there is another call on Friday, with her intent to participate. Darcie discussed the original intention of the call. Darcie reflected that most districts are struggling with membership retention and feeling lost within the mission. Darcie identified these struggles and addressed how these areas were strengths of District IV. Darcie discussed the different experiences with other districts CRPs, including not having contact information, or maintaining regular communication with their department liaison. Darcie highlighted District III's ability of being able to talk to foster care parents. Brian reflected that per the statute the CRP could go to parents directly; however, it was not upheld even when going through the appropriate avenues. Darcie also discussed how only attorneys could address substance abuse in parents with children in the foster care system in court, from representative in District V.

Courtney discussed that on the call she talked about how District IV's CRP has continued to review cases and found value in this process in order to identify trends, with the intent to develop actionable recommendations. Courtney discussed how she spoke to other CRPs on the call, about how District IV hopes to examine the policies, practices and procedures of other child protection agencies and states. Courtney followed that it felt that other CRPs were focusing their efforts mainly on case review, rather than the evaluating and providing recommendations for the improvement of the child protection system. Courtney emphasized that continued collaboration between District IV and other CRPs can assist in creating a cohesive voice in the advocacy, and identification of issues across the state. Each CRP has a different operational lens, however the continued reiteration of the statutes can be used as a shared mission statement between all of the CRPs and provide a reminder as to our purpose.

Brian addressed concerns that each chair has a different focus and idea of the implementation of CRPs within each health district. Brian discussed the benefits of a representative from each CRP to facilitate meeting. Brian also discussed wanting to have leadership within CRPs to guide the calls. Brian concerned about system of inefficiency when facilitated by the districts, for other districts and the need to have committee chair information. Courtney discussed topic of reporting processes within different health districts, and Brian reiterated that the reports go to the IDHW and Senator Lee.

Brian, Laura, and Courtney discussed the role of the public health department as a representative of the CRP. Darcie will reach out to Geri the public health district director who assisted in coordinating the CRP leadership call, to discuss planning for future meetings. Courtney will continue to act as an advocate for the panel, and coordinate logistics, space, and agenda with the panel chair. Brian reviewed what was discussed within the meeting, and reiterated tasks for the panel to follow up with and the tentative agenda for February.

Adjournment: Brian adjourned the meeting at 6:13 PM.

The next meeting is Tuesday, February 4th, 2020 at Central District Health in the Syringa Room from 4:00 to 6:00pm.

Minutes prepared by Courtney Boyce